

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051373

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** ALEXANDER MOBILE SOLUTIONS, LLC

**Current Principal Place of Business:**

1900 JAKE ST.  
SUITE 221  
ORLANDO, FL 32814

**New Principal Place of Business:**

12998 MALLORY CIR  
SUITE 207  
ORLANDO, FL 32828

**Current Mailing Address:**

1900 JAKE ST.  
SUITE 221  
ORLANDO, FL 32814

**New Mailing Address:**

12998 MALLORY CIR  
SUITE 207  
ORLANDO, FL 32828

FEI Number: 26-2818844

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANTHONY, ALEX  
1900 JAKE ST  
SUITE 221  
ORLANDO, FL 32814 US

**Name and Address of New Registered Agent:**

ANTHONY, ALEX  
12998 MALLORY CIR  
SUITE 207  
ORLANDO, FL 32828 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/28/2009

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ANTHONY, ALEX  
Address: 1900 JAKE ST SUITE 221  
City-St-Zip: ORLANDO, FL 32814 US

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: ANTHONY, PHILIP A MR  
Address: 12998 MALLORY CIR #207  
City-St-Zip: ORLANDO, FL 32828 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PHILIP ALEXANDER ANTHONY

MGR

04/28/2009

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date